

Public Health Outreach Project Description

Title: Outreach to Public Health Providers in the Upper Savannah AHEC Region

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Organization: Upper Savannah Area Health Education Consortium, Medical Library at Self Memorial Hospital, Greenwood, SC

Date: 1998-2000

Objectives:

Introduce NLM's Medline and other database searching to public health students, faculty, physicians and other providers.

Introduce and provide LoansomeDOC services to the target audience.

Provide Internet access in four remote, rural areas of South Carolina.

Instruct the target audience in the use of other U.S. government Internet health information sites and introduce the principles of evaluating Internet sites.

Target Audience:

Undergraduate and graduate students of Clemson University in the Department of Public Health;

Physicians and staff in two Federally supported rural clinics of the Carolina Health Centers;

Members of two multi-county health departments in the Upper Savannah AHEC region;

Health connectors in a rural upstate community served by a Clemson University mobile clinic, a low-income community center, and a small upstate college;

If possible, physicians and staff in six rural family practice centers of the Anderson Area Medical Center

Needs assessment (methodology and results):

Prior to applying for the outreach funds, we met with the Clemson University Public Health Department Chair and faculty, with administrators of the Carolina Health Centers, and with the education coordinators of the two health departments to assess their needs and their willingness to support the project. Results were an enthusiastic support of the project proposal with several common needs identified:

1. Internet equipment and connectivity for the rural sites
2. Training in accessing and using Medline and other Internet sites
3. Access to full-text resources for consumer and patient education
4. Access to the library's journal articles, with training and use of LoansomeDOC

Two days were taken to perform site visits to the six rural family practice centers of the Anderson Area Medical Center and physicians were questioned about their needs. The most important need mentioned by every physician at each of the sites was fast, reliable drug interaction information. Unfortunately, we have not been able to provide a solution to that need.

Prior to each teaching session, working with the health department education coordinators, surveys of user computer experience were made, to teach groups of similar computer and keyboard knowledge. The result was teaching several sessions with a more uniform class experience for each session.

Discussions were held with the university faculty to determine lesson plans, assignments, outcomes, and follow-up. Results included students registering to use LoansomeDOC, completing an assignment in preparation for a following class, thoughtful class questions and comments, and over the course of the project our library providing students with about 400 articles.

Intervention:

Training focussed on using Medline, LoansomeDOC, Medline*plus*, Healthfinder, and the CDC sites. "Hands on" participation was provided in the smaller class sessions for the health care providers. The large academic classes used large screen interactive demonstrations and pre- and post-class assignments for the students.

Classes were taught "on-site" at Clemson University, using Internet connected "smart" classrooms. Approximately 300 students were shown databases and LoansomeDOC.

Classes were taught in the computer classroom of the area hospital, one health department, and the community college for the staff of the two health departments.

Teaching was held for individuals at the rural community center and the rural physicians' clinics.

Internet capable equipment was purchased and placed in four locations, with Internet connection established for the two rural locations that did not have it.

Training and other materials developed:

Since Medline*plus* was introduced exactly at the beginning of the project and has undergone continual improvement, each teaching experience has included live Internet connection and interaction with the evolving NLM system.

Each participant in a class was given a folder provided by the Regional Medical Library of the NNLM folder in which we placed:

- material from the Self Memorial Hospital Community Health Information Center and its toll-free contact number;
- information about the AHEC Medical Library and its contact numbers;
- quick guides to searching Medline and using LoansomeDOC with LIBID, designed for each teaching session based on changes in NLM's databases;
- sample pages from Internet Grateful Med and PubMed;
- sample pages from Medline*plus* and Healthfinder

As the "limits" feature of PubMed became operative, teaching changed from using Internet Grateful Med as the initial contact point into Medline to using PubMed. During classes the first year of the project, Advanced PubMed was the base for instruction. The second year, PubMed was the base for instruction. Internet Grateful Med was demonstrated to identify the "other" databases.

Handouts included an Internet evaluation guide.

Class assignments for students and in-class demonstrations included analysis of Internet information on retinal tears and "Wilson's syndrome."

Website (developed as part of project and how maintained):

No special website was developed for this project. However, when the AHEC library file server is activated for the library web page, we will have a new web page with links to public health and consumer health information. The page is already designed.

The Upper Savannah AHEC has subscribed to MDConsult to provide our users 24 hour access to full-text resources. This is password access controlled. Link exists on the web page: <http://www.uppersavannahahec.org>

Evaluation (methodology and results):

Informal discussions with the faculty and community outreach advisor evaluated the academic classes. In addition, students turned in assignments based on the outreach presentations. The project coordinator provided the instructors sample test questions they could use with their students to evaluate what students had learned from the sessions.

Informal discussions with the public health department personnel were held.

Use of LoansomeDOC by the target audiences is the best evaluation of meeting the project's objectives. Based on that criterion, student use has been somewhat successful. A small number of students have asked for a large

number of articles. The public health providers do not use LoansomeDOC, discussed below.

However, public health providers make use of the library's current awareness service, something they learned about as an additional benefit of the outreach project.

Comments reflected in the anecdote section, below, reveal that the project continues to have benefits.

A formal evaluation follow-up needs to take place.

Poster Sessions/Exhibits/Presentations/Publications:

October 1998 exhibited at SC Library Association conference, Columbia, SC, the first time NNLM/RML/NLM was at SCLA conference. Arranged two RML program sessions: the new Medline*plus* feature, and using the Internet for health information.

Spring 1999, poster exhibit at the University Center, Greenville, SC during National Public Health week.

October 2000, poster session "Outreach to Public Health Providers: what worked, what didn't, what you can use" and program session, "The Feds and the Internet: consumer health information on the Internet" at the SouthEastern Library Association/Georgia Library Association joint conference, Jekyll Island, GA.

Power Point presentation and handout, "The Feds and Internet Consumer Health Sites."

1.5 minute video "spot" to be loaded on the SC AHEC web page highlighting the outreach project to the Mountain Rest Community Center and the Clemson University mobile clinic and health connector.

South Carolina AHEC Program 1999 Progress Report back cover contained a description of the project under the Upper Savannah AHEC year's highlight.

Partnerships:

Established contacts with the University Center, Greenville, SC Library/Media Center librarian and faculty (where graduate course in MHA is taught) and got them participating in DOCLINE and LoansomeDOC.

Strengthened working relationship with the Nursing Media Center at Clemson University, and enrolled them in our LoansomeDOC profile.

Have developed a working relationship with the faculty of the Health Sciences Research, Health Sciences Consumer Issues, and introductory Health Sciences courses at Clemson University.

SC Library Association provided free exhibitor status to the NNLN Region 2 and National Library of Medicine at the October 1998 SCLA conference.

Enriched the rapport with the Clemson University science librarian colleague, who supported our outreach efforts, although we were not able to persuade the library to participate in LoansomeDOC.

Created working relationships with the Carolina Health Centers two rural offices, with the Clemson University community health connectors program, and with staff in the region's two health departments.

Marketing:

The Upper Savannah AHEC bimonthly *Newsletter*, mailed to ca.600 people, was used to tell the region about the project and its progress.

Folders were given to participants in each of the teaching sessions identifying the project and its objectives.

The project is mentioned in the flyer distributed by the Clemson University program, "Health Connectors in the Community."

Administrative issues:

We have learned a lot about administrative support and need for authority from this project. The regional Upper Savannah AHEC is a good structure in which to place the project, as it includes two multi-county health departments, rural health centers, and academic-community partnerships among its members. The project was enthusiastically welcomed when conceived. Once funded and operative, the project leader felt, as an esteemed librarian colleague put it, "Left holding this newborn in arms. There is much to be done, but only one person has the baby in arms." While the librarian saw outreach goals and information services, it seems others saw the project as a means for additional resources.

We feel the initial extent of the work involved was underestimated. With writing, publishing, marketing, evaluating, coordinating schedules, and general interactions with diverse individuals and groups, there is enough work for a full-time equivalent person. We, perhaps, "bit off more than we could chew." Unexpected changes in personnel and health really took their toll.

The Medical Library is a good base of operation for this project, we were known to one of the faculty from previous involvement with the AHEC, and we have a proven service record with our consortium members who are library users.

We could consult for anyone considering a similar project and would look at these areas in their proposal:

1. organizational leadership and proven outreach ability
2. administrative support evidence
3. technology levels with support personnel
4. staffing levels, service levels, and technology applications
5. program evaluation staff

Challenges Faced:

Response of the librarian community:

"We already have an electronic inter-campus system and students can use the library, so we do not want to assume the additional work of LoansomeDOC."

Librarians are not willing to assume more work to participate in DOCLINE.

Librarian(s) interested and positive about LoansomeDOC, but not knowledgeable of how it works. Health concerns interrupted librarian's participation. Contact with librarian lost and not, yet, reestablished.

Personnel changes:

Loss of Assistant Librarian early in the project, with no replacement for seven months, and then replaced with a "new" librarian who was unfamiliar with processes and the outreach project.

Loss of replacement Assistant Librarian after seven months, due to things beyond our control. A total of nine of the 24 months the project was short staffed.

Faculty and department chair changes at Clemson University.

Staff changes at the health departments. Transfer of one of the most enthusiastic users of LoansomeDOC and the goals of the project to another health department outside of the region.

Demands of hiring replacement Assistant Librarian: job description updates and changes, salary adjustments sought, applicant interviews, and educating new librarians.

Administrative support:

Perceived lack of administrative "enthusiasm" for the goals of the project once it was funded. Lack of administrative initiatives to market, publicize, or publish the work of the project. Lack of local visionary leadership. Librarian left "holding the newborn."

Health concerns:

Librarian had emergency eye surgery for a torn and detached retina one year into the project, altering his tolerance for assuming additional stresses of staff shortages, additional organizational obligations, lack of administrative vision and leadership, and staff training and educational needs.

Death in family of library staff members.

Technology:

Year 2000 technology challenges put additional demands on staff and the library's equipment, with no technology personnel in the AHEC organization, so the librarian and staff have been responsible for transition for DOS based systems and equipment.

NLM changes to web based processes put additional learning obligations on library staff for processing LoansomeDOC and interlibrary loan requests. Changes doomed our DOS based record keeping and invoicing systems.

Slowness on the part of rural telecommunications companies to respond to service request. Difficulty in establishing Internet connectivity for rural clinic.

Logistical problems, staff shortages, failure of NLM connection and slowness of Anderson Area Medical Center's Internet network precluded further outreach to family practice centers after two "on-site" demonstration efforts.

Continual advances in PubMed and the NLM databases necessitate continual adjustments in lesson plans. Class time limits and "brain saturation" do not allow teaching both Internet Grateful Med and PubMed.

Were Project Objectives Met?

Some were, some were not. With the lack of personnel, we were not able to exhibit, publish, publicize, and market as we would have liked.

The outreach to students and faculty went very well.

We were surprised with the success involving the Nursing Media Center and the University Center in the LoansomeDOC part of the project.

While we have worked well with the faculty, the full integration into the curriculum of NLM and government database searching and Internet information evaluation awaits final development. Without the academic libraries being willing to participate in DOCLINE, the use and usefulness of LoansomeDOC for public health students (and students in nursing and the other health sciences) will not

be realized. The academic centers are failing to give their students a life-long learning tool, *i.e.*, LoansomeDOC.

Internet access was established, most target audiences were reached, and Internet evaluation principles were taught.

Sustainability:

The AHEC Medical Library continues to provide LoansomeDOC articles to the Clemson University health sciences students. We have initial plans to work with the faculty to incorporate Medline searching into the curriculum. We have provided document delivery service to faculty and the Nursing Media Center, via LoansomeDOC participation.

The education coordinators and several members of the county health departments continue to use the library's current awareness service, requesting articles via e-mail, surface mail, fax, or telephone. LoansomeDOC is not used, with comments under the evaluation and the administrative issues sections, above.

We continue to work with the Carolina Health Centers two rural offices, especially as they move staffing and face consumer education material needs.

The South Carolina AHEC system is undergoing logistical, organizational and operational changes, so beginning with the new fiscal year in July 2001 the sustaining of this outreach effort will have to be evaluated. Lessons learned and needs identified should be considered in planning for the new SC AHEC information services.

Anecdotes or Other Observations:

We would like to stress that NLM indexes the "Patient Page" in *JAMA*, but it does not index the excellent patient education or consumer education pages in *American Family Physician*. Possibly other publications, such as *Patient Care* and *Postgraduate Medicine*, would be good to index thoroughly, too, for consumer health pages. Certainly the family practice physicians would look for and would use the *AFP* pages, as they all know the publication from education and residency programs.

Physicians and nurse practitioners in the rural settings: "What we need are good consumer education materials. This should help."

"We need Spanish language material."

We (the AHEC library or AHEC system) still have not solved the need for fast, efficient, reliable drug interaction information mentioned by the rural practitioners.

Coordinator of "Health Connectors in the Community" program: "I see a definite improvement in the citations and work the students bring me who have attended your classes."

"Thank you for teaching the health connector at Mountain Rest. These are Internet locations she will want to use."

Faculty members: "Wonderful. Just what we needed. This should really help."

County public health department personnel: "Medline does not have enough consumer health education material. We do not use LoansomeDOC because we can not find health education material in Medline."

"We like your "Table of Contents Service" because we can see the contents of current issues and choose what we want to read."

"We do not use LoansomeDOC to request these articles because they are not in Medline when we try to find them." (referring to the articles from the current awareness service; no solution to that problem since not everything can be indexed immediately)